

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 5:21

DOCUMENT # **N97000004954**

1. Corporation Name

**JUPITER-TEQUESTA-JUNO BEACH CHAMBER OF COMMERCE
FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**800 NORTH US HWY ONE
JUPITER FL 33477**

**800 NORTH US HWY ONE
JUPITER FL 33477**



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|---|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 09/02/1997 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Zip | | 65-0784996 | |
| Country | | Country | | Applied For | |
| | | | | Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | | | \$8.75 Additional Fee required for a Certificate of Status | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City, State, Zip |
|-------------|--------------------------------------|---|---------------------|
| D | PROBST, MARQUETTE | P O BOX 3042 N/A | TEQUESTA FL 33460 |
| DV | BRUCE, HEARD | 1210 S Dixie Hwy | Jupiter, FL 33458 |
| DV | CATHEY, TOM | 1300 MOHAWK ST. | JUPITER FL 33458 |
| D | MURPHY, WILLIAM | 2121 S. ALTERNATE A1A | JUPITER FL 33477 |
| D | GIBA, JOHN | 222 S. US HWY ONE, #213 | TEQUESTA FL 33460 |
| DT | DENT, PATTY | 101 N. US HWY ONE | TEQUESTA FL 33450 |
| D | GENTILE, GEORGE | 800 NORTH US HWY ONE | JUPITER FL 33477 |
| P | Richard Berube | 351 S US Hwy one, st 102 | Jupiter FL 33477 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | |
|--|--|-----------------|
| MURTAUGH, LOUISE 800 NORTH US HWY ONE JUPITER FL 33477 | Name | Louise Murtaugh |
| | Street Address (P.O. Box Number is Not Acceptable) | 800 N US ONE |
| | Suite, Apt. #, Etc. | 9 |
| | City | Jupiter |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/18/97

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/99